

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 24, 2002 8:00 am**  
**Secretary of State**

04-24-2002 90346 036 \*\*\*\*61.25

**DOCUMENT # N43684**

1. Entity Name

**LATITUDE 29 RENTAL ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

21703 FRONT BEACH ROAD  
 PANAMA CITY BEACH FL 32413-3319

21703 FRONT BEACH ROAD  
 PANAMA CITY BEACH FL 32413-3319

**836164**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

*Same As Above*

3. Mailing Address

*Same As Above*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3075841**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FELLERMAN, LINDA**  
 21703 FRONT BEACH ROAD  
 PANAMA CITY BEACH FL

Name **GRACE A. LADA**

Street Address (P.O. Box Number is Not Acceptable)

*21703 FRONT BEACH ROAD*

City

*PANAMA CITY BEACH - FL*

Zip Code

*32413*

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

*Grace A. Lada*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*4-14-02*

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>ARNOLD, LARRY</b>	
STREET ADDRESS	<b>6000 SHERWOOD</b>	
CITY-ST-ZIP	<b>NASHVILLE TN 37215</b>	
TITLE	<b>TD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>SHEPHERD, JAMES</b>	
STREET ADDRESS	<b>7119 AVALON TRAIL DR.</b>	
CITY-ST-ZIP	<b>INDIANAPOLIS IN</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>RAMAGE, ANDY</b>	
STREET ADDRESS	<b>417-A DOGWOOD LN</b>	
CITY-ST-ZIP	<b>TUSCALOOSA AL 35405</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>FELLERMAN, LINDA</b>	
STREET ADDRESS	<b>21703 FRONT BEACH ROAD</b>	
CITY-ST-ZIP	<b>PANAMA CITY BCH. FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>CLARE, CHARLES</b>	
STREET ADDRESS	<b>3565 WEST HAMPTON DR</b>	
CITY-ST-ZIP	<b>MARIETTA GA</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>P</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BOB HOLT</b>	
STREET ADDRESS	<b>1811 SAGEWAY</b>	
CITY-ST-ZIP	<b>TALLAHASSEE, FL 32303</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ALAN DAVID</b>	
STREET ADDRESS	<b>480 IRONWOOD CIR.</b>	
CITY-ST-ZIP	<b>CROSSVILLE, TN 38571</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Becky TAYES</b>	
STREET ADDRESS	<b>3601 WOODBRIDGE</b>	
CITY-ST-ZIP	<b>NASHVILLE, TN 37219</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LARRY CHAFIN</b>	
STREET ADDRESS	<b>2001 CHANDABROOK DR</b>	
CITY-ST-ZIP	<b>PELHAM, AL 35124</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Andy Ramage</b>	
STREET ADDRESS	<b>417-A Dogwood Ln.</b>	
CITY-ST-ZIP	<b>Tuscaloosa, AL 35405</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Signature Required*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*1-810-277-5583*

CR2E037 (9/01)